

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J67691** (2)
1. Corporation Name
PHILLIPS MANAGEMENT COMPANY



Principal Place of Business 123 W HIRTH RD #1603 FERNANDINA BCH FL 32034 US	Mailing Address C/O WADE DOGGETT P.O. DRAWER 8515 GREENSBORO NC 27429-0515
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3. Date Incorporated or Qualified 04/08/1987	3a. Date of Last Report 03/27/1996
4. FEI Number 59-2806266	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**SNED, WILLIAM H., JR.
218 DATURA STREET
WEST PALM BEACH FL 33402**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	PHILLIPS, KERMIT G., II
STREET ADDRESS	1386 ALLIGATOR CREEK RD.
CITY - ST - ZIP	FERNANDINA BCH. FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, KERMIT G., III
STREET ADDRESS	1400 BATTLEGROUND AVE.
CITY - ST - ZIP	GREENSBORO NC
TITLE	VD <input type="checkbox"/> DELETE
NAME	PHILLIPS, KEITH P.
STREET ADDRESS	1400 BATTLEGROUND AVE.
CITY - ST - ZIP	GREENSBORO NC
TITLE	S <input type="checkbox"/> DELETE
NAME	BELANGIA, WILLIAM R.
STREET ADDRESS	2386 ALLIGATOR CREEK RD.
CITY - ST - ZIP	FERNANDINA BCH. FL
TITLE	T <input type="checkbox"/> DELETE
NAME	DOGGETT, WADE D
STREET ADDRESS	1400 BATTLEGROUND AVE
CITY - ST - ZIP	GREENSBORO NC
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PHILLIPS, KERMIT G., II
1.3 STREET ADDRESS	123 W. HIRTH RD. #1603
1.4 CITY - ST - ZIP	FERNANDINA BEACH, FL 32034
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wade Doggett* **REQUIRED**
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WADE DOGGETT - TREASURER

3/19/97 (910) 274-2481
Date Daytime Phone

CR2E034 (9/96)